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Psychiatric Evaluation: Shere Greenfield

Date of Birth: October 8, 1984

This evaluation is based on clinical interview and formal psychiatric evaluation, as well as my review of the relevant materials in this case. My opinions are stated within a reasonable degree of medical certainty.

Identifying Information

Shere Greenfield is a 36-year-old dual US and Israeli citizen currently residing in Gan Hadarom, Israel. She is married and has one child (one year old). She was born in Tel Aviv, Israel. She initially lived in Tel Aviv and later moved to Ramat Hasharon. Following high school, she completed her compulsory army service. After leaving the army, she studied communication at the Interdisciplinary College in Herzliya. She then worked for a company in their purchasing department. Since the birth of her child, she has been on extended maternity leave.

Presenting Problem

Ms. Greenfield states that on the day of the terror attack she was staying at her sister's home. Her sister was pregnant, and she wanted to be around to help her. It was a Saturday morning (19/3/2016) and she recalls that she went outside to walk the dog. She used the opportunity to look at the latest pictures her father had sent her of their fun filled culinary trip to Istanbul, Turkey. He had been sending her pictures and telling her how much fun they were having and how well they were eating. The last message that he had sent her that morning was that there "was a terror attack". She did not immediately register the meaning of the message, which she understands now that she must have been in "subconscious denial". She returned with the dog and was met by her brother-in-law at the entrance to his home. He informed her that there had been a terror attack in Turkey and that her parents were injured. She immediately went into a state of shock. She came in and saw her sister crying hysterically. She was nervous that her sister would miscarry her baby from the traumatic nature and worry from the news and concern for her parents. They were a very close and bonded family. She tried to calm her sister while at the same time she was burning inside. She managed to call her father. He was able to speak and told her that he and her mother were both injured but alive. She then told her younger sister the news. She tried to calm everyone since they were all in crisis from the sudden and shocking news. She remembers that her brother and uncle travelled immediately that afternoon to Turkey to be with their parents and ensure their safety under the circumstances.

Her parents returned early the next day and were transferred directly to hospital in Israel. It took her time to understand and integrate the severity of the situation. It was only later when her parents returned to Israel did she understand how badly physically and emotionally both her parents had been injured. She felt extreme frustration that such an occurrence had happened to her parents when they were so enjoying themselves. She states that "it seemed so senseless and unfair to injure such innocent elderly people in such a cruel manner". While she felt reassured that her parents were alive and being treated in an Israeli hospital, she was still frightened to see them in such a state. To observe one's parents in such a debilitated state and suffering so much, in so much pain, made her feel so confused and overwhelmed – she reports this was the greatest upheaval in her life. Although she kept on saying to herself that there

were only limbs injured, she came to understand over time that there was so much more involved. Two healthy parents and strength for her in life were turned into two suffering parents in a moment and a great source of responsibility and pain for her as well. She states that the trip was supposed to be a gift for her mother – a happy experience - instead it became a “slap in the face of life”.

She describes the first few months after the terror attack as "one uphill battle". Due to her parent's difficulties, she felt she needed to be with them all the time in the beginning in order to help them cope. As a result, she had to cancel a ski trip she had booked and lost 2000 euros in the process. It was difficult seeing and difficult managing and coping with her two parents both in wheelchairs. She states that she had to place her life on hold. She had to stop working for a few weeks which turned into a few months. When she did return to work, she returned only half time. She felt the responsibility of assisting her parents and ensuring that their home was in order. This was no easy task – both physically and emotionally for her.

Ms. Greenfield indicates that she had been on sertraline for the past 9 years or so. This she had been taking in order to cope with stress in the past. She states that the medication also helped her deal with the pain and trauma after her parents were injured since it dulled her senses. She needed this ongoing medication treatment since to see her parents suffering so much, especially her father who lost all his previous energy and zest for life, affected her mood, and increased her anxiety levels to a major extent.

Her life continues to be affected by the terror bombing despite the years that have passed. Most importantly, this is expressed in the changes her parents have experienced and how this has affected her as well. For example, she cannot leave her child alone with her parents. Her mother has become less capable and gets hysterical in the face of stress. Her father in general is not happy, he lost his enthusiasm and passion for living as he had before. Her parents do not work anymore and as a result they “are on top of each other”. This is not healthy for them or the family.

In general, Ms. Greenfield states that she has become much less social, and she is less open to connecting with friends as before. She feels that her friends, even though they

are good people, cannot understand what she and her family went through. She remains totally dedicated to her family. Since the suicide bombing, she invests time in her parents in ways that she did not expect she would have to. For example, when her sister gave birth three months after the terror bombing, it was she and not her mother who was present with her sister in the delivery room. This is since her mother was still in a wheelchair and the labor ward was not conducive to someone supporting childbirth from a wheelchair.

Post-traumatic symptomatology

At age 18, Ms. Greenfield was involved in a motor vehicle accident (MVA). This MVA was a trigger for her later anxiety at age 26- at which time she started taking medication. However, the suicide terror attack was for her the most devastating of traumas for her and she experienced the retraumatization process in a more intense manner when her parents were injured. This was expressed with the onset of the following symptoms:

1. Hypervigilance: in public places. Always looking around for a place to escape if and when necessary and looks for anyone suspicious.
2. Avoidance: she does not attend concerts or places with a lot of people around. She is unable to sleep if she travels anywhere.
3. Physiological response: tenses up and feels her heart pounding. This occurs whenever she is speaking about what happened in the suicide terror bombing.
4. Guilt: she feels that she needs to be around and take care of the family. If she does not do everything needed, she feels responsible and guilty. She knows that her care of her parents in this manner has affected her life adversely.
5. She feels "extra charged at times" –she cannot relax – always on edge. This is a change from before the terror attack and is very disconcerting for her.
6. Memories of the terror attack and the first few hours including seeing her parents in wheelchairs flash back to her "every so often" to this day.

Due to her ongoing anxiety, lowered mood and post-traumatic symptoms which began to affect her function adversely as she describes, approximately 1 year after the terror attack on her parents, she decided to seek psychotherapy treatment. This treatment continued for about three years. She never felt that she needed medication for her

mood and anxiety issues, so she never visited a psychiatrist for evaluation and treatment.

Previous Psychiatric Illnesses

She admits to previous psychiatric treatment following her anxiety after the MVA at age 18.

Alcohol or Substance History

She reports no alcohol or substance abuse.

Family Psychiatric History

None reported.

Mental Status

General appearance: young, casually dressed.

Behavior: friendly, open, forthcoming, honest

Affect: obviously anxious when describing details of the suicide bombing on her and her parents. Overtly emotional when describing the shock of hearing her parents were affected. Appears burdened by her ongoing parents needs as evidenced by non-verbal behavior when describing her continued invested time in her parents.

Mood: Admits to low mood at times.

Speech: Clear and coherent

Thought disorder: No evidence of formal thought disorder.

Thought Content: No evidence of delusional content.

Perceptual Disorder: No evidence of past or present hallucinations. No evidence of psychosis.

Neurocognitive and neuropsychiatric status: fully alert and oriented. Concentration and attention ability are intact.

Impulse Control: Intact.

Insight: Good.

Judgment: Good.

Reliability of Mental status and interview: very good.

Psychological Testing

HAM-D and HAM-A rating scales and PTSD scale (PDS-5) were administered.

The **Hamilton Depression rating scale** (also known as the Ham-D) is the most widely used clinician-administered depression assessment scale. The original version contains 17 items (HDRS17) pertaining to symptoms of depression experienced over the past week. The **Hamilton Anxiety Rating Scale** (HAM-A) is a widely used and well-validated tool for measuring the severity of a patient's anxiety. The HAM-A probes 14 parameters.

The **Posttraumatic Diagnostic Scale** (PDS-5) is a 24-item self-report measure that assesses PTSD symptom severity in the last month according to DSM-5 criteria. The PDS-5 begins with two trauma screen questions to assess trauma history and identify an index trauma. An item for each of the 20 DSM-5 PTSD symptoms is included, and an additional four items ask about distress and interference caused by PTSD symptoms as well as onset and duration of symptoms. Symptom items are rated on a 5-point scale of frequency and severity ranging from 0 (Not at all) to 4 (6 or more times a week / severe).

Scores indicate presence of minimal depression (score of 6 on the Ham-D), mild anxiety (score of 11 on the Ham-A), PTSD (score of 18 on the PDS-5).

Summary of Observations

Shere Greenfield is a 37-year-old female with signs and symptoms of post-traumatic features and anxiety following the suicide terrorist bombing in which her parents were injured in Istanbul, Turkey. Although she did not witness the event, the experience of her parents being injured in such a violent and sudden manner left her with significant post-traumatic stress and anxiety, especially since there were several deaths in the terror attack. This has lasted many years to the present. As a result, she has experienced significant social and emotional effects over the past years considerably affecting her function in several areas of her life.

Prognosis

Shere Greenfield suffered significant post-traumatic and family stress and anxiety following the suicide terrorist bombing in which her parents were injured in Istanbul, Turkey. She clearly expresses how her life has been affected following the loss. Despite the treatment she has received and the years that have past, it is not expected that her anxiety issues affecting many areas of her personal and social functioning will resolve in the short term, and they will continue to affect her for a long time to come.

Diagnostic Formulation

309.81 (F43.10) Post-traumatic Stress Disorder

300.09 (F41.8) Other Specified Anxiety Disorder (generalized anxiety not occurring more days than not in all 3 of 6 core symptoms)

A handwritten signature in blue ink, appearing to read 'R. Strous', is displayed on a light blue rectangular background.

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